

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10-09450

FILED DATE

APPLICANT(S)

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | CLAIMS | | A* | | | | | |
|--------------|----------|------|---------------------|------|---------------------|------|--------|--|------|------|--|--|--|--|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | IND. | DEP. | | | | |
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| TOTAL IND. | 4 | | | | | | | | | | | | | |
| TOTAL DEP. | 56 | | | | | | | | | | | | | |
| TOTAL CLAIMS | 60 | | | | | | | | | | | | | |
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| TOTAL IND. | | | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY